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**State of Rhode Island
 Department of State - Business Services Division**

Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>929128</u>		2. Exact name of the Corporation <u>New Life In Christ Deliverance & Healing ministries</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>PLACE OF CHRISTIAN WORSHIP</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>76 Baxter street</u>		City <u>Providence</u>	State <u>R.I.</u>
		Zip <u>02905</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Ademola JONAH</u>		Vice-President Name	
Street Address <u>76 Baxter St</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02905</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Ifeloye Jonah</u>		Director Name <u>Olusegun Jonah</u>	
Street Address <u>76 Baxter St</u>		Street Address <u>76 Baxter St</u>	
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02905</u>	
Director Name <u>Joyce Jonah</u>		Director Name	
Street Address <u>76 Baxter</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02905</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Ademola Jonah</u>			Date <u>02-23-24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 23 2024
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